



Office of Emergency Medical & Trauma Prevention
MEDICAL INCIDENT REPORT (MIR) ORDER FORM

Make Check or Money Order Payable To:
DOH, Emergency Medical Services
PO Box 1099 Olympia WA 98507-1099

REQUESTOR'S NAME			DATE	
TELEPHONE NUMBER	AGENCY/FACILITY NAME	AGENCY/FACILITY NUMBER	FEDERAL ID NUMBER (IF APPLICABLE)	
MAILING/SHIPPING ADDRESS		CITY	STATE	ZIP CODE

ITEM	PRICE	INDICATE QUANTITY
MIR Forms		
1 Pad (25 Forms)	\$6.25	
2 Pads (50 Forms)	\$8.75	
4 Pads (100 Forms)	\$14.00	
8 Pads (200 Forms)	\$24.50	
1 Case (36 Pads) <i>Indicate number of cases desired</i>	\$88.25	
MIR form Amount		
Supplemental MIR Forms		
1 Pack (25 Forms)	\$11.00	
1 Case (800 Forms)	\$64.25	
Supplemental MIR form Amount		
SUBTOTAL		
<i>Please add 8.4% sales tax</i>		
TOTAL AMOUNT		

Trauma Bands are available at no cost on the OEMTP web site at
www.doh.wa.gov/hsga/emtp/order.htm
or by contacting the OEMTP at (360) 236-2828 or 1-800-458-5281.

-----Please separate before mailing-----

Medical Incident Report (MIR) Order

For DOH Use Only

Name _____
Amount Paid _____ Date Filled _____
By Whom _____

THIS FORM MAY NOT BE DUPLICATED